

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/501,821-Conf. #4923
		Filing Date	January 24, 2003
		First Named Inventor	Ian Heathcote
		Examiner Name	T. C. Diaz
		Art Unit	3656
TOTAL AMOUNT OF PAYMENT		(\$)	52.00
		Attorney Docket No.	65856-0061

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-0013</u> Deposit Account Name: <u>Rader, Fishman & Grauer PLLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
		Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
							Small Entity		
							Fee (\$)	Fee (\$)	
2. EXCESS CLAIM FEES									
Fee Description									
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims			
21		- 20 or HP	1	x 52.00 =		52.00			
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Fee (\$)		Fee Paid (\$)	
3		- 3 or HP	0	x 220.00 =		0.00			
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).									
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50 =		(round up to a whole number) x					
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): _____									

SUBMITTED BY			
Signature	/Kenneth W. Jarrell/	Registration No. (Attorney/Agent)	52,484
Name (Print/Type)	Kenneth W. Jarrell	Telephone	(248) 593-3310
		Date	January 5, 2009

Fee Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Date: January 5, 2009	Electronic Signature for Jennifer K. Stollenwerk: /Jennifer K. Stollenwerk/